

**PLEASE DELIVER IMMEDIATELY**  
**FACSIMILE TRANSMITTAL**

**TO:**

Mr. James J. Goines  
Colantoni Collins San Francisco  
201 Spear St Ste 1100  
San Francisco, CA 94105

**FROM:**

Zachary Kweller  
Farber & Company Attorneys, P.C.  
333 Hegenberger Road, Suite 504  
Oakland, CA 94621

**Phone:** (855) 396-1220

510.444.2512

**Fax:** (415) 278-9744

866.819.6169

**TO:**

Mario Castro  
Chubb Group Los Angeles  
P.O. Box 42065  
Phoenix, AZ 85080

**Phone:** 312-454-4400

**Fax:** 623-580-7072

**DATE:** June 2, 2020

**RE: Employee:** Jonathan Shockley  
**Employer:** Cardionet LLC  
**D/Injury:** CT 02/15/2019  
**Claim #:** 7173815490  
**WCAB#:** ADJ12031731  
**EAMS#:** ADJ12031731

**Message:** Please accept this as notice that the request for Pennsaid 20MG/G by Melissa Kwon, MD was sent in error. No RFA will be submitted.

IF THERE IS A PROBLEM WITH RECEIPT OF THIS TRANSMISSION, PLEASE CALL 510.444.2512

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*The information in this facsimile transmittal is intended only for the use of the addressee and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, or the employee or agent responsible for delivering this transmittal to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately at 510.444.2512 and return the original communication to us at the above address via the U.S. Postal Service. Thank you.*

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**CHUBB**

NOTICE OF DEFERRED RFA

Date: 5/26/2020

Requesting provider: Melissa Kwon, MD  
Address: 1100 Van Ness Ave., # Level 4  
City, State, Zip: San Francisco, CA 94109

**Re:** Jonathan Shockley  
**Employer:** Biotelemetry, Inc.  
**Claim No.:** 040519008736  
**Date of Injury:** 02/15/2019

Dear Provider,

Chubb Corporation administers the above claim. Your **Request for Authorization is deferred** in accordance with California Code of Regulations 9792.9.1 (3)(b).

**Receipt Date:** 05/26/2020      **DOS:** 5/20/2020  
**Service(s) Request:** Pennsaid 20MG/G (2%) #112

**Reason:** RFA form is required with all treatment request, please resubmit by fax with a RFA form to (213) 612-5785.

Note to Employee: disputes regarding the above shall be resolved either by agreement of the parties or through the dispute resolution process of the Worker's Compensation Appeals Board. You have a right to disagree with decision affecting your claim. If you have questions about the information in this notice, please call me (213) 612-0880. However, if you are represented by an attorney, please contact your attorney. For information about the worker's compensation claims process and your rights and obligation, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) or contact an information and assistance (I&A) officer of the Division of Worker's Compensation. For recorded information and a list of offices, call toll-free 1-800-736-7401.

Sincerely,

Mario Castro  
Claims Specialist  
(213) 612-5785 fax

Enclosure: